

Department of Developmental Services

*Working toward a better future for persons with
developmental disabilities and their families*

Strategic Plan 2003 - 2008

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**Department of Developmental Services
Strategic Plan 2003-2008**

Dear Constituents:

The State of California has an extensive system of services and supports to assist persons with developmental disabilities and their families. The Department of Developmental Services (DDS) provides leadership and funding for services to nearly 200,000 persons with developmental disabilities statewide. With a budget of more than \$3.2 billion, services are delivered through a network of regional center, state developmental centers, and state-operated community facilities.

The Strategic Plan 2003-2008 reaffirms the mission, vision and values for DDS. It sets the priorities and direction for system improvements and service delivery that will maximize consumers' services within available human and financial resources. There are four goals stated in the plan:

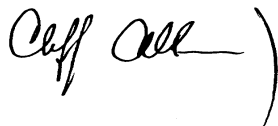
- System Capacity;
- Quality Management;
- Information & Technology; and
- Accountability

Achieving these goals will be key to further developing a service system that is responsive to the needs of persons with developmental disabilities in California.

As with our previous Strategic Plans, DDS will monitor the success of efforts to attain the goals. Success will depend upon the dedication and collaboration of all who desire to secure a better future for California's citizens with developmental disabilities and their families. This plan provides a framework for moving toward this future and calls upon the creativity, concern, talent and sustained efforts of all.

Cordially,

CLIFF ALLENBY
Director

A handwritten signature in black ink, appearing to read "Cliff Allenby", followed by a closing parenthesis symbol ")", all enclosed within a large, thin, hand-drawn oval.

VISION

**BUILDING PARTNERSHIPS,
SUPPORTING CHOICES**

MISSION

The Department of Developmental Services (DDS) is committed to providing leadership that results in quality services to the people of California and assures the opportunity for individuals with developmental disabilities to exercise their right to make choices.

VALUES

Choice:

- , People identify their needs, wants, likes, dislikes, concerns, priorities and resources.
- , People have support to learn about service and support options as they make major life decisions.
- , People make decisions about everyday matters.
- , People have a major role in choosing the providers of their services and supports.
- , A person's services and supports change as wants, needs, preferences, concerns, priorities and resources change.
- , People receive services and supports that maintain their cultural and language preference.
- , People have a method of expressing preferences and a method of acting on those preferences in all areas of life. Preferences can be expressed in non-verbal ways.

Relationships:

- , People have friends and satisfying, caring relationships.
- , People build and maintain community supports that may include family, friends, childcare-givers, service providers/professionals and other community members.

Lifestyle:

- , People are part of the mainstream community and live, work and/or play and carry out daily activities in natural, integrated community and home settings.
- , A person's lifestyle reflects his or her cultural and language preference.
- , People are independent and productive.
- , People have stable living arrangements.
- , People are comfortable where they live.
- , Children live in homes with families.
- , People have places to go during the day that increase their productivity, independence and inclusion into the community.
- , People have access to paid work and careers and are satisfied with their jobs.
- , People have recreation, leisure, spiritual, and retirement opportunities.

Health and Well-Being:

- , People are safe.
- , People have the best health possible.
- , People know what to do in the event of threats to health, safety and well-being.
- , People have self-awareness and a positive-self concept.
- , People have access to needed health care and/or allied health services.

Development:

- , Children show an emerging awareness and practice of safe and healthy behavior.
- , Children make progress in social, emotional, communication, physical, adaptive and cognitive development.
- , Families of children have confidence in their ability to support their child's behavior, learning and development.
- , Children demonstrate their skills through play.

Rights:

- , People have information about the service system and exercise their rights and responsibilities.
- , People are free from abuse, neglect and exploitation.
- , People are treated with dignity and respect.
- , People have access and receive appropriate generic services and supports.
- , People have advocates and/or access to advocacy services.

Satisfaction:

- , People achieve personal goals.
- , People are satisfied with services and supports.
- , People are satisfied with their lives.

GOAL 1: SYSTEM CAPACITY

Expand the availability, accessibility and types of services and supports to meet current And future needs of individuals and their families.

Desired Result:

- , A comprehensive array of services and supports meets the needs of individuals and their families throughout the state.

Strategies:

- , Evaluate community resources and develop alternative community-based models, potentially including state-involved services, to serve individuals currently residing in state developmental centers.
- , Expand successful, and/or develop new, service models for growing and difficult-to-serve populations.
- , Enhance people's opportunities for integration into their local communities through a streamlined and coordinated resource development process.
- , Expand the availability of individualized services and supports.
- , Improve consumers' access to medical, dental and mental health services.
- , Promote the availability of affordable housing for persons with developmental disabilities in conjunction with state, local and other housing authorities.
- , Develop and expand successful service and support models that allow children to remain with their families or to be reunited with their families.

GOAL 2: QUALITY MANAGEMENT

Develop systems to ensure that quality services and supports are provided.

Desired Results:

- , Services and supports effectively promote personal outcomes in the areas of choice, relationships, lifestyle, health and well-being, development, rights and satisfaction.
- , The service system continually improves the services and supports for people.
- , Performance measures are available to consumers and their families to assist them in choosing service providers.

Strategies:

- , Develop performance measures and data collection systems to assess the degree to which individuals and the service system make progress toward achieving desired outcomes.
- , Expand the revised regional center performance contracting process to include all regional centers.
- , Revise service and personnel requirements for service and support providers to support and implement preferred outcomes.
- , Identify, evaluate and promote innovative service delivery models demonstrated to be effective in achieving preferred consumer outcomes.
- , Develop a quality assurance/improvement system, including a performance measurement component, to determine the effectiveness of the service system in achieving system values and personal outcomes.
- , Identify and promote service delivery approaches that enable direct service professionals to obtain competencies to deliver high quality services.
- , Maintain a risk management and mitigation system.

GOAL 3: INFORMATION AND TECHNOLOGY

Facilitate the dissemination of information and the deployment of information technology to improve services and supports and the lives of people with developmental disabilities.

Desired Results:

- , DDS uses information and technology effectively to improve the service system.
- , DDS disseminates clear, accurate and meaningful information to regional centers, service providers, state developmental centers, consumers and families.

Strategies:

- , Provide accessible, accurate, timely and meaningful information via the Internet and traditional means of communication.
- , Utilize appropriate technologies to assist in the improvement of effective person-centered services and family support services.
- ◆ Implement improved state-wide automated systems and tools to support the delivery of services, manage quality, and ensure maximized use of funding sources.

GOAL 4: ACCOUNTABILITY

Establish a system to ensure DDS, state developmental centers, regional centers and service providers are in compliance with all applicable federal and state laws, regulations and contracts, including accounting for their funding in an appropriate manner.

Desired Results:

- , DDS, state developmental centers, regional centers and service providers comply with applicable state and federal laws, regulations and contracts.
- , Public funds are expended cost-effectively and appropriately by all parts of the service system.
- , Information on the compliance of all parts of the service system is readily available to consumers and families.

Strategies:

- , Devise and implement a program and fiscal plan to assist state developmental centers, regional centers and service providers in meeting applicable mandates:
 - Design a monitoring system to assess compliance and identify areas for correction or needed training.
 - Perform monitoring and provide technical assistance and/or training to assist in achieving compliance.
 - Implement systematic follow-up procedures after monitoring to ensure the entity has improved its compliance, and/or needs further assistance in achieving compliance.
 - Take corrective action(s) for non-compliance.
 - Report on the results of state developmental centers, regional centers and service providers in their efforts to achieve compliance.

ENVIRONMENTAL / EXTERNAL ASSESSMENT

A number of external factors and events affect developmental services in California. Some of these key external forces include:

Resources: Success in implementing the various strategies to achieve the goals in this plan is dependent upon obtaining the necessary financial and human resources. However, it should not be assumed that the only way to achieve success is by receiving “additional” state general funding. It will be a challenge for those in the system to help identify and obtain alternative funding sources that can be leveraged to make our most challenging strategies feasible. Other tactics may be necessary to balance the requests against available resources, such as phasing in the strategies over a period of time.

Complexity: The system of services and supports for people with developmental disabilities in California has become increasingly complex. The system now serves more than nearly 200,000 people who receive a wide range of services. Thousands of vendors provide these services, some non-profit, some profit making. Requirements for various kinds of service providers have increased or changed in recent years with changes in federal or state law.

Population Diversity: California has one of the most diverse populations in the country. This multi-cultural diversity is reflected in the population of persons with developmental disabilities. It is essential that DDS take actions to ensure services are provided in a culturally competent manner, and choices in services are available to meet the needs and preferences of such a diverse population.

National Focus on Quality Management and Improvement: As

developmental services systems have matured throughout the country, with decreasing reliance on large congregate settings, attention has been directed toward developing systems to manage and improve quality in the community. The Centers for Medicare and Medicaid Services (CMS) has set a national agenda for quality management through the release of a Quality Framework in 2002. California has designed a quality management model that is based on the CMS framework and which establishes performance expectations, performance measures and a continuous improvement process. Action will be required on the state and local levels to implement the model.

Olmstead Decision: The June 1999 decision by the U.S. Supreme Court in *Olmstead v. L.C.* has implications for congregate care settings throughout much of the country as the decision requires that states provide community-based services for an individual if treatment professionals believe such services are appropriate, if the individual does not oppose the move, and if the move can be reasonably accommodated, given the resources of the state. California, however, had already been working to provide community-based services to the developmentally disabled prior to the *Olmstead* decision. Indeed, a federal judge in August 2002 in the case of *Sanchez v. Johnson* concluded that California's existing system meets the standards enunciated in *Olmstead*. In particular, the judge found that the State has a "comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings" under *Olmstead*.

- ♦ **Self-Direction:** A major philosophic shift has occurred toward consumer self-direction. Self-direction is based on the principles of freedom (to choose services and supports), authority (to control a sum of money), responsibility (to spend the money wisely), support (to make good decisions), and confirmation (leadership that self-advocates must hold in the newly designed system). In 1999, California began piloting self-direction in five areas of the State. Evaluation reports from the pilots show that this new model for delivering services generates a high degree of satisfaction among consumers and their families. The attraction of self-direction to the individual is the ability to control a sum of money to purchase his or her customized, needed, resources and services--rather than being assigned to a program that may or may not address their unique needs.

- ♦ **Autism Increase:** The increase in the number of persons with autism will have a significant effect on fiscal and policy planning well into the future. Because the number of persons with autism entering the system statewide has doubled in the last four years, planning for and developing a service system to meet the unique needs of this population is a vital and urgent policy agenda item. The rapidly growing number of persons with autistic spectrum disorder (ASD) entering the California regional center system presents two challenges: 1) how to provide adequate services to the already existing population of persons in need of care and treatment; and 2) how to plan for future populations of younger children with ASD entering the system.
- ♦ **Workforce and Quality:** DDS is committed to ensuring that service providers have the resources, skills and ability to achieve desired consumer outcomes and provide quality services. Fundamental to the provision of appropriate services and supports is the availability of a qualified work force. Regional centers, service providers and others in the system report increasing difficulty in recruiting and retaining sufficient numbers of qualified staff.
- ♦ **Services and Supports:** The service system continues to move from a slot-based” system that places people into available “programs,” toward an individualized system that provides services and supports based upon an individual’s unique needs and preferences. This paradigm shift has significant implications regarding how service providers design and market their services and how they deploy and supervise staff to ensure quality, stability and safety.